

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | 6 | | | | | |
| TOTAL CLAIMS | 9 | | | | | |

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| TOTAL IND. | | | | | | |
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS